

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 181

FILED AUG 2 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>W Kansas City</u>		c. CITY OR TOWN <u>Liberty</u>	
Length of stay in 1b <u>2 wks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W Kansas City Hosp</u>		d. STREET ADDRESS (If outside give location) <u>306 Monterey</u>	
3. NAME OF DECEASED (Type or print) First <u>HORACE</u> Middle <u>E</u> Last <u>WILLOUGHBY</u>		4. DATE OF DEATH <u>July 27-63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 15-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Office Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rosier Co. Gro</u>	
13a. FATHER'S NAME <u>Thomas G. Willoughby</u>		13b. MOTHER'S MAIDEN NAME <u>Dorah Dodson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <u>Lucy Willoughby</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>10 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Hypertrophy of Prostate</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:45</u> Month, Day, Year <u>July 27, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Liberty Missouri</u>	
21. I attended the deceased from <u>July 17 1963</u> to <u>July 27, 1963</u> and last saw him alive on <u>July 27 1963</u>		22a. SIGNATURE (Degree or title) <u>John M. Williams MD</u>	
22b. ADDRESS <u>Liberty Missouri</u>		22c. DATE SIGNED <u>7-29-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 29-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
23d. LOCATION (City, town, or county) <u>Liberty Mo.</u>	23e. DATE RECD. BY LOCAL REG. <u>7-29-63</u>		
23f. REGISTRAR'S SIGNATURE <u>Marguerite Hudson</u>		23g. ADDRESS <u>Church-Cremer Co, Liberty Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John L. Loberg

Licensed Embalmer No. 4448

P. O. Address Liberty Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.